PUPIL SLIDEs

SLIDE (1)	❖ What is the abnormality seen ? Leukocoria = White pupil ❖ Give 3 differential diagnoses? 1-Congenital cataract 2-Retinoblastoma 3-Retinopathy of prematurity 4-Coat's disease 5-Persistent hyperplastic primary vitreous (PHPV) 6-Toxocariasis
SLIDE (2)	same answer of SLIDE (1)
SLIDE (3)	same answer of SLIDE (1)
SLIDE (4)	same answer of SLIDE (1)
SLIDE (5)	same answer of SLIDE (1)
SLIDE (6)	same answer of SLIDE (1)
SLIDE (7)	same answer of SLIDE (1)
SLIDE (8)	same answer of SLIDE (1)
SLIDE (9)	❖ What is your diagnosis? Retinoblastoma ❖ What are treatment choices? 1. *Enucleation* 2. *Radiotherapy* 3. *Photocoagulation* 5. *Systemic chemotherapy*
SLIDE (10)	❖ What is your diagnosis? Iridodialysis ❖ What is the patient's complaint? Uniocular diplopia
SLIDE (11)	❖ Mention one important cause for this lesion? Trauma ❖ What is the presenting symptom? Uniocular diplopia

SLIDE (12)	❖ What do we call this difference in pupillary size? Anisocoria ❖ Mention 2 causes of such a condition ? Horner's syndrome, Surgical 3rd C.N. Palsy
SLIDE (13)	❖ In Horner syndrome usually there is 1- Miosis2- Partial ptosis3- Heterochromia4- Anhydrosis5- Enophthalmous
SLIDE (14)	❖ Mention the muscles responsible for thePupillary reaction & what is the nerve Supply of each ? Sphincter pupillae → Parasympathetic Dilator pupillae → Sympathetic
SLIDE (15)	❖ D/D Of dilated pupil ? (Acute congestive glaucoma – Trauma – Atropine – Surgical 3rd C.N. Palsy)
SLIDE (16)	❖ D/D of small pupil ? (Horner's syndrome – anterior uveitis – Trauma – Pilocarpine)
SLIDE (17)	❖ What is this pupil abnormality? Marcus gunn pupil (Relative afferent pupillary defect) (RAPD) ❖ Tell me 4 causes? RD, Optic neuritis, CRAO, CRVO
SLIDE (18)	❖ What are your findings? Iridodialysis, sun-flower cataract ❖ What is most common cause? Blunt trauma

Lacrimal SLIDEs

SLIDE (1)	❖ What is the function of Mucin layer of the tear film ? *Change* corneal epithelium from hydrophobic to hydrophilic ❖ What is the function of Lipid layer of the tear film ? 1- Prevent overflow of tear 2- prevent evaporation, ❖ What is the function of Watery layer of the tear film ? *A -Nutrition function*(supply O2 to epithelium of cornea) *B -Protection function (*contain lysozyme & IgA)
SLIDE (2)	❖ The Mucin layer of tear film is producedby…………… *Gobletcell* of conjunctiva ❖ The Lipid layer of tear film is producedby…………… *Meibomian* glands ❖ The Watery layer of tear film is producedby…………… *Lacrimal* glands (*main* , *accessory*)
SLIDE (3)	❖ What do you call this test? Schirmer's test ❖ Mention 3 causes of dry eye? Vit A deficiency – Trachoma – Keratoconjunctivitis sicca
SLIDE (4)	❖ What is this test used for? For dry eye diagnosis ❖ What is the drug (dye) used to confirm the diagnosis? Fluorescein stain
SLIDE (5)	❖ Anatomically the NLD open in …………. Inferior meatus ❖ How to manage a baby aged six months presents with congenital obstruction of NLD ? Hydrostatic massage
SLIDE (6)	❖ What other steps you should do in treating a case of congenital Lacrimal duct obstruction ? (The child aged one year) Probing of lacrimal system

SLIDE (7)	❖ What is the diagnosis? Acute dacryocystitis ❖ Describe the management briefly ? Admission to hospital Topical & systemic Antibiotic Analgesia & Antipyretic
SLIDE (8)	same answer of SLIDE (7)
SLIDE (9)	What is the most common site of obstruction in chronic dacryocystitis in adult ? Nasolacrimal duct
SLIDE (10)	❖ What is the diagnosis? Infantile dacryocystitis ❖ What is the treatment? Admission to hospital Topical & systemic Antibiotic Analgesia & Antipyretic
SLIDE (11)	❖ What is your diagnosis ? Infantile dacryocystitis ❖ How you manage a case of congenital lacrimal duct obstruction? Hydrostatic massage in 1st year Probing after 1st year DCR 3-4 years
SLIDE (12)	❖ What is your finding? Bitot's spot ❖ What is your diagnosis? Xerophthalmia ❖ How to manage this case? Systemic Vit A
SLIDE (13)	❖ What is this test? TBUT = Tear break time test ❖ What is this test used for? To diagnosis Dry eye

SLIDE (14)	❖ What is this stain? Rose bangal stain ❖ This stain used in dry eye to .... To assess severity of dry eye
SLIDE (15)	❖ What is the surgery of choice in NLDO? DCR = Dacryocystorhinostomy
SLIDE (16)	❖ What are contraindication of DCR? -extensive adhesion of lacrimal sac (Fibrosis) -Nasal pathology e.g. atrophic rhinitis -Tb & lacrimal sac tumor -Hypopyon ulcer -during attack of acute dacryocystitis
SLIDE (17)	❖ What is this procedure? Probing & Dilatation ❖ What is use of this test? Dilatation & probing of punctum
SLIDE (18)	❖ What is this procedure? Syringing ❖ What is use of this test? Detect obstruction & used to open obstruction by pressure
SLIDE (19)	❖ What is this test? Regurgitation test ❖ What is use of this test? Detect NLDO
SLIDE (20)	❖ What is the name of this test? Schirmer's test ❖ It is helpful in diagnosis of what condition? Dry eye
SLIDE (21)	❖ What is this test? Jones's test ❖ What is use of this test? Used to detect obstruction of Lacrimal system

SLIDE (22)	❖ How to manage baby with congenital NLD? Hydrostatic massage in 1st year Probing after 1st year DCR 3-4 years ❖ What is this step? Probing
SLIDE (23)	❖ What is your diagnosis? Acute dacryocystitis ❖ What is this complication? Fistula
SLIDE (24)	❖ What is this test? Dacryocystography ❖ What is use of this test? To detect site of obstruction

Glaucoma SLIDEs

SLIDE (1)	❖ Which part of the eye is under examination ? Angle of anterior chamber ❖ What kind of lens should be use ? Goniolens
SLIDE (2)	❖ What are the normal angle structuresthat can seen by Goniolens ? 1- *Schwalbe'sline* 2- *Trabecularmeshwork* 3- *Scleraspure* 4- *Baseofciliarybody* 5- *Rootoftheiris*

SLIDE (3)	❖ What is the action of Timolol on theCiliary body ? Decrease production of Aqueous humor ❖ What effect on pupil size? NO effect
SLIDE (4)	❖ What is Diamox ? Systemic Carbonic Anhydrase inhibitor ❖ Long term intake of Dimox may lead to complications.....((Tell me four)). paraesthesiae (hypokalemia), renal stone , bone marrow depression, Steven johansen syndrome
SLIDE (5)	❖ What is pilocarpine& its side effects ? Parasympathomimetic *S/E temporary myopia&headache*. *Miosis* with *worsening of the night* vision and *narrowing of the peripheral field* of vision
SLIDE (6)	❖ How the pilocarpine lower the (IOP) in case of primary open angle glaucoma? Increase size spaces of Fontana → Improve drainage ❖ How the pilocarpine lower the (IOP) in case of primary close angle glaucoma? Lead to Miosis → open angle → Improve drainage
SLIDE (7)	❖ What are the symptoms of POAG? Asymptomatic
SLIDE (8)	❖ What is the drug of choice for angle closure glaucoma ? Pilocarpine
SLIDE (9)	❖ *These devises used to check The...........* IOP ❖ *What is the difference ?* *Applanation ::- accurate, expensive, need slit lamp, sitting position* *Indentation::- less accurate, cheap, not need slit lamb, supine position*
SLIDE (10)	❖ What is the name of this instrument? Indentation tonometry ❖ Mention two other ways to measure the IOP? Applanation, tonopen, air puff, digital tonometry

SLIDE (11)	❖ What other tests you should do for checking the IOP ? Applanation, tonopen, air puff, Indentation tonometry
SLIDE (12)	❖ Tonometry means measuring .... IOP ❖ What is low tension glaucoma ? Low IOP, Abnormal Visual field, Glaucomatous cupping
SLIDE (13)	❖ What is the name of the instrument and mention it's use? Applanation tonometry, Measure IOP
SLIDE (14)	❖ What do you mean by glaucoma ? Optic neuropathy characterized by High IOP,Visual field defect, Glaucomatous cupping ❖ How you classify it ? 1- Congenital 2- Acquired A- *Primary* (open) & (close) B- *secondary* (open) & (close) ❖ The normal range of IOP is............. 10 – 21 mmhg
SLIDE (15)	❖ What is the normal value of diurnal variation In the IOP ? Less than 4 mmhg
SLIDE (16)	❖ What is your diagnosis? Glaucoma (POAG) ❖ How you confirm your diagnosis? Measure IOP by Tonometry Measure visual field by perimetry
SLIDE (17)	❖ What is your finding? Glaucomatous cupping ❖ How to diagnose glaucoma? Measure IOP by Tonometry Measure visual field by perimetry

SLIDE (18)	❖ What is the finding? Glaucomatous cupping ❖ What do we mean by C/D ratio? Percentage of cupping to optic disc (Normally less than 0.3)
SLIDE (19)	❖ What is the diagnosis? Glaucoma (POAG) ❖ Enumerate two drugs used in the treatment of this disease? Timolol - Xalatan ❖ Mention two visual fields defects associated with this condition? Paracentral scotoma – ring scotoma
SLIDE (20)	❖ What do you mean by C/D ratio in glaucoma ? Percentage of cupping to optic disc (Normally less than 0.3)
SLIDE (21)	❖ Describe the finding in this picture Cystic Bleb ❖ What you call this operation? Trabeculoectomy
SLIDE (22)	❖ Mention type of surgery done for this patient? Trabeculoectomy ❖ Mention the most common indication? POAG
SLIDE (23)	❖ Mention 2 findings ? Red eye, Bleb ❖ What is the name of the related operation ? Trabeculoectomy
SLIDE (24)	❖ What is the operation done? Trabeculoectomy ❖ Mention 2 important complications? Endophthalmitis – Hyphema

SLIDE (25)	❖ *What kind of surgery has been done ?* Trabeculoectomy ❖ *What happen later on ?* Endophthalmitis
SLIDE (26)	❖ What is the diagnosis ? Congenital glaucoma ❖ What is the treatment ? Surgical (Goniotomy)
SLIDE (27)	❖ What is anterior segment features of this disease ? Large cornea, corneal edema, haab's striae, Deep A/C, Large pupil , Iridodenesis ❖ What is the ttt? Surgical (Goniotomy)
SLIDE (28)	child like this should be examined under anesthesia. ❖ What you will look for ? Glaucomatus cupping – IOP measure – corneal diameter
SLIDE (29)	Same answer of slide (26)
SLIDE (30)	Same answer of slide (26)
SLIDE (31)	Same answer of slide (26)
SLIDE (32)	❖ What is your diagnosis ? Congenital glaucoma ❖ What is the procedure used in the right picture? Measure corneal diameter by caliber
SLIDE (33)	❖ What are the +ve findings in RE? Red eye, Non-reactive pupil, mid-dilated, Oval in shape ❖ What could be the diagnosis? Acute congestive glaucoma
SLIDE (34)	❖ What is the diagnosis? Acute congestive glaucoma

SLIDE (35)	❖ Mention two signs in this picture? Peripheral iridotomy, red eye, iris atrophy ❖ What is the usual management during acute stage? Decrease IOP – Peripheral iridotomy
SLIDE (36)	❖ This is......................... Peripheral iridotomy ❖ It is treatment of close angle glaucoma using.......... Yag laser
SLIDE (37)	❖ What is the name of this test? Perimetry ❖ Mention 2 indications of this test? Glaucoma, retinitis pigmentosa
SLIDE (38)	❖ What are the causes of neovascular glaucoma? 1- Proliferative diabetic retinopathy2- Ischemic CRVO 3- Intraocular tumor4- Chronic uveitis
SLIDE (39)	❖ How to manage lens induced glaucoma ? Reduce IOP by medication then Lens extraction
SLIDE (40)	❖ What is the name of the procedure? Ahmed valve ❖ Used for .... POAG, Congenital glaucoma
SLIDE (41)	❖ What is the name of the instrument and mention it's use? Goniolens Uses ::- See angle of A/C, Goniotomy. Laser trabeculoplasty, fundus exam
SLIDE (42)	❖ what is this procedure? Cyclocryotherapy ❖ mention an important indication? Absolute glaucoma
SLIDE (43)	❖ What is the name of the instrument and mention it's use? Perimetry >>> to assess visual field defect

SLIDE (44)	❖ What is the name of the instrument and mention it's use? Ultrasonic >> Measure Intraocular distance RD, vitreous Hg, Posterior dislocation of lens
SLIDE (45)	❖ what is this procedure? Argon Laser trabeculoplasty ❖ mention an important indication? (POAG)
SLIDE (46)	❖ What is the diagnosis? Pseudo exfoliation
SLIDE (47)	❖ Mention two abnormal findings? Red eye, Peripheral iridotomy ❖ What is the underlying disease here? Acute congestive glaucoma
SLIDE (48)	❖ Mention two abnormal findings? Bilateral macrocornia, unilateral corneal edema ❖ What is the underlying disease here? Congenital glaucoma (Buphthalmous)
SLIDE (49)	❖ What surgery was done in this eye? Trabeculoectomy ❖ What is the most common disease done for? POAG
SLIDE (50)	❖ what is this instrument? Portable air puff tonometry ❖ mention it's use? Measure IOP

Cornea SLIDEs

SLIDE (1)	❖ What are the different factors responsible forcorneal transparency? **1-Relativedehydration**Due to Endothelial pump **2-**Epithelium **NOT** keratinized **3-Regular** arrangement of collagenous bundle **4-NO** blood (avascular) or lymphatic vessels **5-**Nerves (**NOT** myelinated),
SLIDE (2)	❖ The stroma of the cornea is formed of Collagen bundles, cells (macrophage, keratocyte), ground substance
SLIDE (3)	❖ What is the function of endothelial cell layer of the cornea ? Remove water from cornea
SLIDE (4)	❖ Mention the causes of corneal oedema ? Keratitis - Trauma – High IOP
SLIDE (5)	❖ What is your diagnosis ? Keratoconus ❖ What type of error of refraction? Irregular astigmatism, curvature myopia
SLIDE (6)	❖ What is your diagnosis ? Keratoconus ❖ Is the success rate of penetrating keratoplasty good or bad in these patients ? Good
SLIDE (7)	❖ What is the diagnosis? Keratoconus ❖ Discuss briefly the management? Very early ::- glasses Early ::- Hard C.L Late ::- penetrating keratoplasty
SLIDE (8)	Same answer like slide (7)
SLIDE (9)	❖ *What is positive SIGN?* Munson's sign ❖ *What is indicate?* *Late stage Keratoconus*

SLIDE (10)	❖ This is an acute presentation, name it ,and mention the definitive treatment after resolution of the attack? Acute hydrops – Penetrating keratoplasty
SLIDE (11)	❖ What is your diagnosis ? Keratoplasty ❖ Mention 3 indications ? Keratoconus – central corneal opacity - perforate cornea- keratocele
SLIDE (12)	Same answer like slide (11)
SLIDE (13)	Same answer like slide (12)
SLIDE (14)	❖ What are the indications of this kind of surgery? Keratoconus – central corneal opacity - perforate cornea- Keratocele
SLIDE (15)	❖ Describe what you can see ? Red eye – keratoplasty – dendritic ulcer – oval pupil ❖ What kind of stain has been used ? Rose bangal stain
SLIDE (16)	❖ What is your diagnosis ? Rejected keratoplasty ❖ What is the treatment? Topical & systemic steroid
SLIDE (17)	❖ What is the lesion? Herpes zoster ophthalmicus ❖ Mention 2 important ocular signs? Keratitis – retinitis – RD
SLIDE (18)	❖ What is positive SIGN? Hutchinson's signs ❖ What is indicate? Corneal involvement
SLIDE (19)	❖ What is the drug of choice in treating a case like this ? Acyclovir

SLIDE (20)	❖ Mention the ocular complications ? Keratitis- scleritis- uveitis – glaucoma- retinitis – RD
SLIDE (21)	❖ What is your diagnosis? Herpes zoster ophthalmicus ❖ What are the possible eye complications? Keratitis- scleritis- uveitis – glaucoma- retinitis – RD
SLIDE (22)	❖ What is your diagnosis? Herpes zoster ophthalmicus ❖ When the eye is involved, mention two ocular signs ? Keratitis – retinitis – RD
SLIDE (23)	❖ What is your diagnosis ? Herpes simplex
SLIDE (24)	❖ What is that lid lesion? Herpes simplex ❖ The treatment is............ Topical & systemic Acyclovir
SLIDE (25)	❖ *What is the cause of this lesion?* Herpes Simplex ❖ *Mention two drugs used for its treatment?* *Acyclovir –Trifluridine*
SLIDE (26)	❖ What is the diagnosis ? Dendritic ulcer ❖ What you call the drug that is contraindicatedin treating a case like this ? Steroid
SLIDE (27)	Same answer of slide (26)
SLIDE (28)	Same answer of slide (26)
SLIDE (29)	What is the diagnosis? Dendritic ulcer The cause of such a condition is .... Herpes simplex

SLIDE (30)	❖ Geographic ulcer usually follow long term using of……….. Steroid
SLIDE (31)	❖ What is your diagnosis ? Corneal arcus
SLIDE (32)	Juvenile arcus may indicate a serious problem ❖ Write about it briefly. Arcus juvenilis→ Hyperlipidemia
SLIDE (33)	❖ The finding in this cornea is …… Arcus juvenilis ❖ This patient is 28 year old, what should we suspect? Hyperlipidemia
SLIDE (34)	❖ What is the diagnosis ? Band shaped keratopathy
SLIDE (35)	Band shaped keratopathy
SLIDE (36)	❖ Mention 2 uses of CL. Refractive, Cosmetic, diagnostic & surgical ❖ Mention 2 complication? Microbial keratitis, allergic conjunctivitis
SLIDE (37)	❖ Wearing contact lenses may lead to complications (Tell me four) Microbial keratitis, allergic conjunctivitis, loos of corneal sensation, corneal edema
SLIDE (38)	❖ Mention some of advantages of contact Lenses over spectacles Cosmetic, light, free field not limited to glass
SLIDE (39)	❖ Classify corneal opacity ? Nebula – Macula - Leucoma
SLIDE (40)	❖ This lesion is called ……….. Central Leucoma ❖ It is effect on vision is due to ……….. Indirect ::- Induce astigmatism
SLIDE (41)	❖ What is the type of this corneal opacity? Central lecuoma ❖ How could we ttt this condition? Penetrating keratoplasty

SLIDE (42)	❖ Is it a suitable case for keratoplasty & why ? NO, Corneal vascularization ❖ How many types of keratoplasty you know? Lamellar, penetrating
SLIDE (43)	❖ What is the diagnosis? Corneal vascularization ❖ What is the prognosis of keratoplasty? Poor
SLIDE (44)	The corneal diameter is Large ❖ Tell me the D.D Congenital glaucoma, High myopia, Megalocornea
SLIDE (45)	❖ What abnormality you notice? Macrocornea ❖ What is the differential diagnosis? Congenital glaucoma, High myopia, Megalocornea
SLIDE (46)	❖ what is this procedure? Paracentasis ❖ mention an important indication? Sever hyphema, hypopyon, keratocele, CRAO
SLIDE (47)	❖ What is your finding ? Hypopyon ❖ Mention 2 causes? Uveitis – keratitis – Endophthalmitis – Panophthalmitis
SLIDE (48)	❖ 1- What is this procedure? Test for corneal reflex ❖ 2-Enumerate the causes of decreased corneal sensations? DM, Herpes simplex, Herpes simplex, any dysfunction in 5th C.N
SLIDE (49)	❖ What is this device ? Corneal topography ❖ What is the use of this device? Detect Keratoconus

SLIDE (50)	❖ What is the use of this device? In what conditions use? Count endothelium cells In keratoplasty
SLIDE (51)	❖ What is the diagnonin? Microcornea
SLIDE (52)	❖ What is your diagnosis ? Kayser flichering ring ❖ What are causes? IOFB cupper, Wilson disease
SLIDE (53)	What is the use of this device? In what condition used? Intra corneal ring >>> keratoconus
SLIDE (54)	What is this device ? Pachymetry What is the use of this device? In what condition? Measure thickness of cornea >>> Keratoconus
SLIDE (55)	What is the abnormality ? Microcornea
SLIDE (56)	❖ What is your diagnosis ? Dermoid ❖ What is the treatment? Surgical excision
SLIDE (57)	What is this device ? what is the use of this device? Crossing linking >>> Keratoconus
SLIDE (58)	What is this device ? Keratometry What is the use of this device? Measure curvature of anterior surface of cornea
SLIDE (59)	❖ What is this surgery? Keratoplasty ❖ What are complication of this surgery? Graft rejection, graft failure, glaucoma, iridocyclitis

SLIDE (60)	❖ What do you call this Lesion? Anterior synechiae ❖ Name 2 Causes? Keratitis, Anterior Uveitis
SLIDE (61)	Sign? - diagnosis? – Treatment? Munson sign Keratoconus Keratoplasty, Glasses, H.C.L
SLIDE (62)	❖ What do you call this sign? Munson sign ❖ Name 2 method to treat the disease . Keratoplasty, Glasses, H.C.L

Conjunctiva SLIDEs

SLIDE (1)	❖ What is the diagnosis? Pterygium ❖ How it can affects the vision? Direct :- cover pupil Indirect :- Induce Astigmatism
SLIDE (2)	❖ What type of error of refraction might be caused by this lesion ? Astigmatism ❖ What is the treatment ? Surgical excision with graft
SLIDE (3)	❖ Mention two methods to reduce the recurrence of this disease? Graft (Conjunctiva or Amniotic), Mitomycine C
SLIDE (4)	❖ What is the difference between true and false pterygium ? BY (HOOK) if Hook pass under it → Pseudopterygium if Hook NOT pass under it → Pterygium

SLIDE (5)	❖ What are the etiology of a Pterygium ? Unknown Risk factors::- exposure to U/V, dust, drying, wind environment
SLIDE (6)	❖ What is the diagnosis? Subconjunctival hg ❖ Mention two important causes? Trauma, viral conjunctivitis
SLIDE (7)	❖ How to manage a case like this ? NO treatment just reassurance
SLIDE (8)	❖ What is the diagnosis? Ophthalmia neonatorum ❖ What are the likely causative organisms? Chlamydia ❖ What is the management, briefly ? Topical & systemic erythromycin
SLIDE (9)	❖ Any discharge from the eyes in the first week of life Should suspicion of... Ophthalmia neonatorum
SLIDE (10)	❖ Trantas dot indicate............. Spring catarrh
SLIDE (11)	❖ Trachoma is caused by an organism called......... Chlamydia trachomatis
SLIDE (12)	❖ What is the diagnosis? Trachoma ❖ What is the treatment? Topical & systemic Tetracycline
SLIDE (13)	❖ These two signs are of trachoma mention them Pannus, Herbert's pits
SLIDE (14)	❖ What is the diagnosis? Spring catarrh ❖ Enumerate two symptoms the patient is usually complaining of? Itching, Lacrimation

SLIDE (15)	❖ What is this finding? Papillary hypertrophy (Cobble stone appearance) ❖ What could be the diagnosis? Spring catarrh ❖ What is your management? Cold compress, Topical steroid, Topical combination of anti-histamine & mast cell stabilizer
SLIDE (16)	❖ What is the abnormality seen? Chemosis ❖ Mention two common causes? Trauma, Viral conjunctivitis, Orbital cellulitis
SLIDE (17)	❖ What pathological state can a follicular conjunctivitis represent? viral infections, chlamydial infections, hypersensitivity to topical medication.
SLIDE (18)	❖ What do you call this abnormality? Papillary hypertrophy ❖ Mention 2 important causes? chronic blepharitis, vernal disease, bacterial infection, Gaintpapillary conjunctivitis
SLIDE (19)	❖ What are the types of conjunctivitis lead to preauricular L.N enlargment? Viral, Chlamidyal, Gonococcal
SLIDE (20)	❖ What do you call this lesion? Herbert's pits ❖ It is pathognomic of which disease? Trachoma
SLIDE (21)	❖ What is the diagnosis ? Active pannus ❖ Commonly seen in....................? Trachoma

SLIDE	❖ What is this finding? Papillary hypertrophy (Cobble stone appearance) ❖ What could be the diagnosis? Spring catarrh ❖ What is your management? Cold compress, Topical steroid, Topical combination of anti-histamine & mast stabilizer
SLIDE (23)	❖ What name is given to this lesion? Papillary hypertrophy ❖ Mention two common causes chronic blepharitis, vernal disease, bacterial infection, Gaintpapillary conjunctiv
SLIDE (24)	❖ What name is given to this lesion? Pseudo-membrane ❖ Mention two common causes Adenoviral conjunctivitis, bacterial conjunctivitis

SLIDE (25)	❖ What name is given to this lesion? True membrane ❖ Mention two common causes Diphtheria, B-hemolytic streptococci

Miscellaneous

SLIDE (1)	❖ What is the D/D of red eye ? Anterior uveitis, Keratitis, Acute conjunctive glaucoma, conjunctivitis
SLIDE (2)	❖ What do you call this condition? Red eye ❖ Mention 3 common causes? Anterior uveitis, Keratitis, Acute conjunctive glaucoma

SLIDE (3)	❖ What is your diagnosis? Marfan syndrome ❖ What are the possible complications? Ocular::- Cataract, Glaucoma, Lens displacement, High myopia Systemic::- Congenital heart disease, Congenital brain aneurysm
SLIDE (4)	These are examples of abnormal content in The anterior chamber ❖ Mention two more IOL A/C, Foreign body, Silicon, Lens material, Anterior dislocation
SLIDE (5)	❖ What is the name of this Test? Fluorescein angiography ❖ Mention 3 uses ? Diabetic retinopathy, Hypertensive retinopathy, RVO, RAO
SLIDE (6)	❖ What kind of stain used in this eye ? Rose bangal stain
SLIDE (7)	❖ What type of stain is this? Fluorescein stain ❖ Mention other 4 uses in ophthalmology? Corneal ulcer, Fluorescein angiography, Applanation tonometry, Tear break up time test
SLIDE (8)	❖ What is the action of this drug. Local anesthesia ❖ Mention 3 uses of this drug? Suture remove, Chemical injury, Applanation tonometry,
SLIDE (9)	❖ This test is used for assessment of .... Color vision
SLIDE (10)	Certain drugs may affect colour vision ❖ Mention one of them . Chloroquine, Digitalis
SLIDE (11)	❖ What is the axial length of an average normal eye? 24mm

SLIDE (12)	❖ What is the Horizontal length of an average normal eye? 23.5mm
SLIDE (13)	❖ What is the Vertical length of an average normal eye? 23mm
SLIDE (14)	❖ Causes of binocular diplopia ? Orbital cellulitis, Blow out fracture, Paralytic squint(4th, 6th), Pterygium ❖ Causes of uniocualr diplopia? Iridodialysis, Polycoria, immature cataract, large peripheral iridoectomy
SLIDE (15)	❖ What are the leading causes of blindness in our country ? Cataract, glaucoma, DM, Methanol toxicity

Trauma SLIDEs

SLIDE (1)	❖ What is the diagnosis ? Hyphema ❖ Mention the most common underlying cause ? Blunt trauma ❖ Mention 2 important complications? Blood stained cornea Glaucoma decrease of vision if cover pupil Secondary hyphema ❖ How to manage a case like this ? 1- Admission to hospital 2-Bed rest (Hyphema will resolve spontaneously). 3-Patient should sitting in upright posture to allow blood to settle 3-We should monitoring IOP (Glaucoma!!), We can give anti-glaucoma drug. 4-We can give prophylactic topical steroid, antibiotic, Mydriatic& in sever case need surgical intervention ((paracentesis)).

SLIDE (2)	❖ Spontaneous hyphema may be due to 1- Blood disease(Hemophilia)2- Drug(aspirin) 3- R.Iridis
SLIDE (3)	❖ What is this ? Blow out fracture ❖ Mention 3 clinical signs for this diagnosis? Enophthalmous, Cheek anaesthesia, diplopia ❖ Which orbital wall is the thinnest ? Medial wall
SLIDE (4)	❖ What is the diagnosis? Blow out fracture ❖ Mention 2 useful investigations? Orbit CT. Orbit MRI
SLIDE (5)	❖ What is the diagnosis? Blow out fracture ❖ The most common cause is .... Blunt trauma ❖ Such a patient usually complain of .... Binocular diplopia
SLIDE (6)	❖ What are the complications? 1- Mechanical damage 2- Intra-ocular infection (Endophthalmitis) 3- IOFB 4- Sympathetic Ophthalmia
SLIDE (7)	❖ What is this test ? Seidel test ❖ What does it indicate ? Perforating eye injury
SLIDE (8)	❖ What is the medical treatment of severechemical injury ? (1) Irrigation eye with water (2)Topical anesthesia (3)Specific Antidote if we know cause (4)Topical antibiotic, steroid , Mydriasis & cycloplegic ❖ Alkali burn more dangerous than acid burn.why? Alkali = Lead to more deep destruction than acid

SLIDE (9)	❖ What is your diagnosis ? EOFB ❖ What is the treatment ? *Local anesthesia, remove foreign body*
SLIDE (10)	❖ What is your diagnosis ? IOFB = Intra-ocular foreign body ❖ What is the treatment ? Surgical remove (Vitrectomy)
SLIDE (11)	❖ What is your diagnosis ? IOFB = Intra-ocular foreign body
SLIDE (12)	❖ An injury like this should be done immediately otherwise the patient will suffer from.......... Watery eye (Epiphora)
SLIDE (13)	❖ Angle recession glaucoma occurs after.......... Blunt trauma
SLIDE (14)	❖ Commotio retinae is a complication of .... Blunt trauma
SLIDE (15)	name of the test? It's Significant ?When to be done? Seidel test yes Perforating eye injury
SLIDE (16)	❖ What is your diagnosis ? EOFB ❖ What is the treatment ? *Local anesthesia, remove foreign body*
SLIDE (17)	❖ What is the positive finding in this patint with history of trauma? Commotio retinae ❖ What is the main complain of patient? Loss of central vision

SLIDE (18)	❖ What are the positive findings? Subconjuctival hg, limitation of movement, enophthalmous ❖ What is the most probable diagnosis? Blow out fracture
SLIDE (19)	❖ What problem is demonstrated here? Blow out fracture ❖ Mention three signs? Enophthalmous, Cheek anaesthesia, diplopia
SLIDE (20)	❖ What is the most common cause for this? Hyphema ❖ Mention two important complications? Secondary hyphema, secondary glaucoma

Uveal SLIDEs

SLIDE (1)	❖ What you call this condition ? Rubeosis Iridis ❖ Mention (3) etiological factors? 1- Ischaemic CRVO 2- Proliferative diabetic retinopathy (PDR) 3- Carotid obstructive disease
SLIDE (2)	❖ What is your diagnosis ? Rubeosis Iridis ❖ What complication is seen in this condition? 1- Hyphema 2- Neovascular glaucoma

SLIDE (3)	❖ What are the abnormalities seen? Rubeosis Iridis, red eye, irregular pupil ❖ Mention 2 important causes. 1- Ischaemic CRVO 2- Proliferative diabetic retinopathy (PDR)
SLIDE (4)	❖ Rubeosis iridis may lead to.............. glaucoma Neovascular glaucoma(100 day glaucoma)
SLIDE (5)	❖ What are the sings of anterior uveitis ? 1-lid ::- edema 2-Conjunctiva ::- Ciliary injection 3- Cornea ::- edema, Keratic precipitates 4- A/C::- Aqueous cells &Aqueous flare 5-Iris ::- Muddy iris 6- Pupil::- Miosis
SLIDE (6)	❖ What is the most probable diagnosis? Anterior uveitis ❖ Mention lines of treatment? (1) Treat underling cause (2)Topical & systemic steroid (3) Mydriasis & cycloplegic
SLIDE (7)	Same answer of SLIDE (6)
SLIDE (8)	Same answer of SLIDE (6)
SLIDE (9)	Same answer of SLIDE (6)
SLIDE (10)	❖ What is this abnormality? Keratic precipitates ❖ Mention 2 causes? Herpes zoster, Herpes simplex, trauma
SLIDE (11)	❖ Anterior uveitis if not treated probably may lead to sever complications, what are they ? 1- Complicated cataract 2- Secondary glaucoma 3- Posterior synechiae 4- Anterior synechiae 5- Endophthalmitis &Panophthalmitis
SLIDE (12)	❖ What is your main finding? Posterior synechiae ❖ Mention the most common cause? Uveitis

SLIDE (13)	❖ What is your diagnosis ? Behçet's disease ❖ Mention the ttt briefly ? Topical & systemic steroid
SLIDE (14)	❖ What is your definition of sympathetic Ophthalmia ? Bilateral granulomatous panuveitiscaused after perforating wound to the eye. produces transferred uveitis in the fellow eye.
SLIDE (15)	❖ This is .... Iris coloboma ❖ We should exclude .... Other coloboma (Lens, Choroid, Eyelid, Optic disc)
SLIDE (16)	❖ Aniridia means.................... Absence of IRIS
SLIDE (17)	❖ What is the difference between two irises? Heterochromia ❖ What are the causes ? 1- Congenital 2- Horner's syndrome 3- Fuch's heterochromic Cyclitic 4-Unilateral use of topical latanoprost
SLIDE (18)	❖ What is your finding? Peripheral iridotomy ❖ Mention the indication? Primary closed angle glaucoma (prodromal stage, acute congestive stage)
SLIDE (19)	❖ Which type of laser is used in this case ? YAG laser
SLIDE (20)	❖ Enumerate the findings in the right eye? Peripheral iridotomy, Iris atrophy, mid-dilated pupil ❖ What procedure was done for the left eye? Peripheral iridotomy
SLIDE (21)	❖ What is the positive finding in this picture ? Peripheral iridotomy, Peripheral iridoectomy ❖ What is the normal depth of the anterior chamber ? 2-3mm

SLIDE (22)	❖ What is the diagnosis? Polycoria ❖ What is the main complain? Unioculardiplopia
SLIDE (23)	Anterior uveitis ❖ Mention lines of treatment? (1) Treat underling cause (2)Topical & systemic steroid (3) Mydriasis & cycloplegic
SLIDE (24)	❖ What are findings? Irregular pupil, posterior synechiae ❖ What are causes? Trauma, anterior uvetitis
SLIDE (25)	❖ What is your diagnosis? Fuch`s heterochromic uveitis ❖ What are positive findings? Bilateral dilated pupil, heterochromia, cataract
SLIDE (26)	❖ What is findings? Koppe nodules ❖ What is cause? Chronic granulomatous anterior Uveitis e.g. TB
SLIDE (27)	❖ What is findings? Multiple Iris atrophy ❖ What is cause? Acute congestive glaucoma, Iridocyclitis, trauma

Eye Lid SLIDEs

SLIDE (1)	❖ Enumerate the muscles responsible for lifting up the upper lid ? ❖ What is the nerve supply of each ? Levator ms→ 3rd C.N Superior muller'sms→ Sympathetic
SLIDE (2)	❖ What nerve supply the orbicularis muscle ? 7th C.N
SLIDE (3)	❖ Normally the upper lid covers.........mmof the upper pole of cornea ? 2mm
SLIDE (4)	❖ What is the diagnosis ? Chalazion ❖ Which gland is involved ? Meibomian gland ❖ Mention 3 differential diagnosis? Stye, Hordeolum Internum, Meibomian gland carcinoma ❖ Recurrence of this lesion may lead tosuspicion of ......? Meibomian gland carcinoma ❖ Mention causes of recurrence ? DM, Vitamin A deficiency, seborrhea
SLIDE (5)	❖ What is your diagnosis? Hordeolum Internum ❖ What is the treatment ? Topical antibiotic (E.D/ E.O)
SLIDE (6)	❖ What is the diagnosis ? Stye ❖ What is the treatment? Topical antibiotic (E.D/ E.O)

SLIDE (7)	❖ What is the difference between Stye and chalazion ? Stye::- painfull, tender, swelling at lid margin Chalazion ::- painless, not tender, swelling away from lid margin
SLIDE (8)	❖ What is your diagnosis ? Ulcerative blephritis ❖ What is the treatment ? Topical antibiotic (E.O) NaHCo3 lotion to remove crust
SLIDE (9)	❖ What are the different types of this lesion? Ulcerative Blepharitis, Angular Blepharitis, parasitic Blepharitis, Allergic Blepharitis Specific Blepharitis
SLIDE (10)	❖ How should patients with blepharitis be treated ? Topical antibiotic (E.O) NaHCo3 lotion to remove crust
SLIDE (11)	❖ What is the diagnosis? Partial ptosis in Rt eye ❖ Mention Three different causes? Horner's syndrome, Trauma, Mechanical ptosis due to Chalazion or lid edema
SLIDE (12)	❖ What are the causes of ptosis ? 3rd C.N. palsy Horner's syndrome Trauma Congenital
SLIDE (13)	❖ What is the diagnosis? Marcus-gun phenomenon (Jaw–winking phenomenon) ❖ Mention other causes of ptosis? 3rd C.N. palsy, Horner's syndrome, Trauma, Congenital
SLIDE (14)	❖ In congenital ptosis frequently there is absence Of lid......... Lid crease
SLIDE (15)	❖ What is the danger of this lesion? Lead to lazy eye (Amblyopia) ❖ What is the management? Surgical
SLIDE (16)	❖ What is the diagnosis? Marcus-gun phenomenon (Jaw–winking phenomenon)

SLIDE (17)	❖ What is the diagnosis? Marcus-gun phenomenon (Jaw-winking phenomenon)
SLIDE (18)	This lady presented with ptosis on fatigability ❖ What is the diagnosis ? Myasthenia gravis.
SLIDE (19)	❖ What you call this condition ? Myasthenia gravis.
SLIDE (20)	❖ What are the causes of ptosis associated with anisocoria? Horner`s syndrome, Trauma, Surgical 3^{rd}.C.N paisy
SLIDE (21)	❖ What is the diagnosis ? Entropion of lower lid ❖ What the treatment ? Surgical ttt
SLIDE (22)	❖ What is your diagnosis? Entropion of lower lid ❖ Mention two presenting symptoms? Foreign body sensation, lacrimation
SLIDE (23)	❖ What is your findings ? Entropion of lower lid, Corneal arcus, +ve fluorescein stain, corneal ulcer ❖ Mention 2 causes ? Senile Entropion, Trachoma,
SLIDE (24)	❖ What is your diagnosis? Entropion of lower lid
SLIDE (25)	❖ What is this lid malposition? Entropion of lower lid ❖ Mention 2 different types? Senile &Cicatricial
SLIDE (26)	❖ What is the diagnosis ? Cicatricial Entropion

	❖ What is the complication if we do not ttt ? Keratitis & conjunctivitis
SLIDE (27)	❖ What is your diagnosis? Ectropion of lower lid (Senile) ❖ What is the patient complaining of? Epiphora (Watery eye)
SLIDE (28)	❖ What are the complications ? Lagophthalous, dry eye, keratitis, conjunctivitis, Epiphora
SLIDE (29)	❖ Mention 2 findings? Ectropion of lower lid, red eye, corneal arcus ❖ Mention 2 causes for this abnormal eye lid? Senile, 7th C.N palsy, Cicatricial (B.C.C)
SLIDE (30)	❖ What is the diagnosis? Ectropion of lower lid ❖ What is the aetiology? 7th C.N palsy
SLIDE (31)	❖ What is the diagnosis? Lagophthalmos, Ectropion of lower lid ❖ Which nerve is affected? 7th C.N. pals
SLIDE (32)	❖ Which cranial nerve is damaged in this patient? 7th C.N palsy ❖ Mention the ocular complications? Lagophthalous, dry eye, keratitis, conjunctivitis, Epiphora, Ectropion
SLIDE (33)	❖ What is the most likely diag. in this old man? Basal cell carcinoma ❖ Mention ttt briefly? Surgical excision with safe margin, radiotherapy, Cryotherapy
SLIDE (34)	❖ What is the most likely diagnosis? Basal cell carcinoma ❖ Mention two management options? Surgical excision with safe margin, radiotherapy, Cryotherapy

	❖ What is most likely diagnosis? Basal cell carcinoma
	❖ What is this lesion ? Capillary hemangioma ❖ If get huge in size it may lead to.............. Mechanical ptosis
7)	❖ Briefly talk about the treatment & complication Treatment::- Intra-lesional steroid, systemic steroid, surgical excision Complication::- May lead to mechanical ptosis → amblyopia
(38)	❖ What is your diagnosis ? Trichiasis ❖ What are different modalities of treatment ? Epilation, photocoagulation, surgery
E (39)	❖ What is your diagnosis ? Madarosis ❖ What are the causes ? Chemotherapy, ulcerative blephritis, vitA deficiency, radiotherapy
IDE (40)	❖ This is .... Xanthelasma ❖ What is the treatment Surgical excision or laser therapy (ARGON)
SLIDE (41)	❖ What is the diagnosis ? Acute meibonminitis ❖ What the treatment ? Topical antibiotic
SLIDE (42)	❖ What is the diagnosis ? Symblepharone ❖ What the treatment ? Surgical treatment
SLIDE (43)	❖ What is the diagnosis ? Lid coloboma ❖ What the treatment ? Plastic surgery

SLIDE (44)	❖ What is your diagnosis? Parasitic Blepharitis ❖ What is the cause? Pubic louse
SLIDE (45)	❖ What is the diagnosis ? Cicatricial Entropion ❖ Mention two important causes? Trachoma, chemical injury
SLIDE (46)	❖ Which cranial nerve is damaged in this patient? 7th C.N palsy ❖ Mention the ocular complications? Lagophthalous, dry eye, keratitis, conjunctivitis, Epiphora, Ectropion
SLIDE (47)	❖ Mention two important lesions? Symblepharone, Corneal opacity ❖ Mention two important causes? Chemical injury, trachoma
SLIDE (48)	❖ What is the diagnosis ? Congenital ectropion
SLIDE (49)	❖ What is your diagnosis? Mechanical ptosis ❖ Tell me 2 causes? Lid edema, lid tumor

Lens SLIDEs

SLIDE (1)	❖ Mention few conditions associated withcataract formation? DM, High myopia, Retinitis pigmentosa, Hyperthyroidism
SLIDE (2)	❖ What are the causes of cataract inHealthy children ? Trauma, congenital

SLIDE (3)	❖ Causes of PSC ? DM, Retinitis pigmentosa, Steroid medication
SLIDE (4)	❖ The best method to decide about the Immaturity and maturity of senileCataract is............. Funduscopy, red reflex
SLIDE (5)	❖ In mature cataract how you make sure that the optic nerve is healthy? Light reflex
SLIDE (6)	The lens can induce glaucoma by different mechanisms. ❖ Mention three of them 1- Phacotoxic uveitis 2- Phacomorphic glaucoma 3- Phacolytic glaucoma 4- Lens displacement
SLIDE (7)	❖ Phacomorphic glaucoma means............ Acute secondary closed angle glaucoma caused by intumescent cat
SLIDE (8)	❖ Phacolytic glaucoma means............. Acute secondary Open angle glaucoma caused by Hypermature cat
SLIDE (9)	❖ What is your diagnosis ? Senile cataract ❖ If you decide to go for surgery what type ? Phacoemulsification
SLIDE (10)	❖ Mention 2 findings? Dilated pupil, Cortical cataract ❖ What are the types of operations that can be done for such disease? Phacomulsification, ICCE, ECCE
SLIDE (11)	❖ What is your diagnosis? Hypermature cataract
SLIDE (12)	❖ What is your diagnosis ? Hypermature cataract ❖ Mention two important complications? Phacotoxic uveitis, Phacolytic glaucoma
SLIDE (13)	❖ What is the diagnosis?

	Morgagnian Cataract
SLIDE (14)	What are the types of cataract surgery? Phacomulsification, ICCE, ECCE
SLIDE (15)	❖ What exactly is phacomulsification ? Surgical procedure used to remove cataract by use Ultrasonic waves
SLIDE (16)	❖ What is your diagnosis? IOL A/C ❖ Why the peripheral iridoectomy is mandatory? To prevent glaucoma
SLIDE (17)	❖ What is the diagnosis? IOL A/C ❖ Mention 3 serious complications? Hyphema, corneal edema, IOL displacement, uveitis, glaucoma
SLIDE (18)	❖ What are the finding? Red eye IOL A/C Peripheral iridoectomy ❖ Mention 3 complication that could happen? Hyphema, corneal edema, IOL displacement, uveitis, glaucoma
SLIDE (19)	❖ What are the indications of insertion of A/C IOL ? ICCE, Phakic IOL, rupture of posterior capsule in ECCE or Phaco
SLIDE (20)	❖ What are the early complications of Cataract surgery ? Corneal edema, hyphema, uveitis glaucoma, Iris prolapse
SLIDE (21)	❖ What is this post-cataract complication? IOL Displacement ❖ What is management? Reposition
SLIDE (22)	The cause of low vision in this post-cataract surgery eye is .... After cataract
SLIDE (23)	❖ What type of laser had been used to open this PC opacification ? Yag laser

	❖ Mention 2 other types of ophth. Laser ? Excimer, Argon
SLIDE (24)	This is one of the common complications of cataract surgery. ❖ What is it ? Endophthalmitis ❖ what is the treatment? Antibiotic therapy Topical, Systemic, Subconjunctival &Intravitreal antibiotics Steroid therapy Topical, Systemic, Subconjunctival &Intravitreal steroid IF still vision ::- Vitrectomy IF NO VISION ::- Evisceration
SLIDE (25)	Same answer of slide (24)
SLIDE (26)	After complicated cataract surgery this patient developed ……….. After cataract
SLIDE (27)	❖ What is the diagnosis? Phacomorphic glaucoma ❖ What is the management? Decrease IOP then cataract Extraction
SLIDE (28)	Same answer of slide (27)
SLIDE (29)	❖ Mention two abnormal findings? Shallow A/C , dilated pupil, Cata ❖ What is the treatment? Cataract extraction
SLIDE (30)	Same answer of slide (27)
SLIDE (31)	❖ What is the diagnosis? Lens subluxation ❖ Mention 2 causes for such finding.? Trauma, high myopia
SLIDE (32)	❖ What is the main symptom of this patient ? Uniocular diplopia ❖ Tell me two DD? Polycoria – Peripheral iridoectomy

SLIDE (33)	❖ What is the abnormality seen ? And in which syndrome it is seen? Lens subluxation, Marfan syndrome ❖ Mention two associated systemic features? Congenital heart disease, Congenital brain aneurism
SLIDE (34)	❖ What is the abnormal finding? Lens subluxation ❖ Mention two presenting symptoms? Uniocular diplopia, decrease vision
SLIDE (35)	❖ What is your main findings? IOL Displacement ❖ What are the possible complications? Corneal edema, hyphema, uveitis glaucoma
SLIDE (36)	❖ What complications associated With subluxation of the IOL? Corneal edema, hyphema, uveitis glaucoma,
SLIDE (37)	❖ What is the Diagnosis ? IOL displacement What is the Complain of patient? Uniocular diplopia
SLIDE (38)	❖ What is the diagnosis? Anterior dislocation ❖ Mention 2 important complications? Corneal edema, hyphema, uveitis, glaucoma
SLIDE (39)	❖ What is the diagnosis? Posterior dislocation of lens ❖ What is the management? Remove lens
SLIDE (40)	❖ What is the diagnosis? Posterior dislocation of lens ❖ What is the management? Remove lens
SLIDE (41)	❖ What is the diagnosis? IOL Displacement in vitrous ❖ What is the management? Reposition

SLIDE (42)	❖ What is the diagnosis? Subconjunctival dislocation ❖ What is the management? Remove lens
SLIDE (43)	❖ What is the diagnosis? Nuclear cataract ❖ What is the management? Catarct extraction & IOL Implantation
SLIDE (44)	❖ What are the finding? Rossate cataract, vissous ring ❖ What is the diagnosis? Blunt trauma ❖ What is the management? Catarct extraction & IOL Implantation
SLIDE (45)	❖ What are the causes of roseate cataract? IOFB copper, blunt trauma
SLIDE (46)	❖ What is the diagnosis? Lens coloboma
SLIDE (47)	❖ What are the drugs cause cataract? Steroid, amiodarone, gold, chlorpromazine, allpuranol
SLIDE (48)	❖ What is the diagnosis? Anterior dislocation ❖ What is your management? Remove lens & IOL implantation
SLIDE (49)	❖ What is the diagnosis? Lens subluxation ❖ What is your management? If no complication TTT refractive error If there are compilations remove lens >>> Implant IOL
SLIDE (50)	❖ What could be the diagnosis? Posterior dislocation of lens ❖ What is your management? Remove lens

SLIDE (51)	❖ *CAN THE PRESENCE OF A CATARACT IMPROVE VISION?* yes ❖ *WHY?* Index Myopia in nuclear cataract

Refractive SLIDEs

SLIDE (1)	❖ What is myopia ? parallel rays come to focus in front the retina when the eye at rest (without accommodation) ❖ Which type of lens used for correction? Concave lens
SLIDE (2)	❖ Mention two causes of sudden drop of vision? CRAO, CRVO, optic neuritis, Massive vitreous hemorrhage
SLIDE (3)	❖ What are abnormal findings? Myopic crescent, Tigroid fundus, Chorioretinal degeneration ❖ What is the diagnosis? High myopia
SLIDE (4)	❖ Causes of presbyopia ? Physiological (Old age), Anemia, POAG, Cycloplegic, aphakia
SLIDE (5)	❖ Why this girl has an occluder in front of the right eye? To treat LT amblyopic eye. ❖ Is there any age limit for this management? Yes (6yrs) ❖ What is ANISOMETROPIA ? It's difference of refractive error between two eyes more than 4D
SLIDE (6)	❖ Why the right eye is patched ? To treat LT amblyopic eye

SLIDE (7)	This child aged 4 years, He had total occlusion of RT eyeTo treat LT amblyopic eye. ❖ Is there any age limit for this management? Yes (6yrs)
SLIDE (8)	❖ What is amblyopia ? Decrease of V/A in one or both eyes, in the absence of any organic disease (NORMAL) of ocular media, retina and visual pathway & not correct by glasses. ❖ What do you mean by crowding phenomenon test ? Visual acuity in amblyopia is usually better when reading single letters than letters in a row. This 'crowding' Phenomena
SLIDE (9)	❖ What is this ? Pin hole ❖ What is the role of its use differentiation between refractive error and retinal &optic .N disease
SLIDE (10)	❖ Pin hole is useful in differentiation between.............and........... differentiation between refractive error and retinal &optic .N disease
SLIDE (11)	❖ This patient presented with decrease in near vision, what could be the causes? Physiological (Old age), Anemia, POAG, Cycloplegic
SLIDE (12)	❖ What type of glasses this man is wearing ? Convex ❖ What are uses of this glasses? TTT Aphakia, Hypermetropia, presbyopia
SLIDE (13)	❖ What type of glasses this man is wearing ? Concave ❖ What are uses of this glasses? TTT Myopia

SCLERA SLIDEs

SLIDE (1)	❖ Mention two causes of blue sclera Congenital glaucoma, High myopia
SLIDE (2)	❖ What is the difference between Episcleritis & Scleritis ? Episcleritis::- painless, not tender, young female, unilateral Scleritis::- Painfull, Tender, Old female, Bilateral
SLIDE (3)	This disease affect young adults and twice common in female as in men ❖ What is the ttt ? TTT underling cause, Topical NSAID, Topical Steroid
SLIDE (4)	❖ What is the diagnosis? Episcleritis ❖ Mention the ttt? TTT underling cause, Topical NSAID, Topical Steroid
SLIDE (5)	❖ Describe and mention two D.Dx Localized red eye (Triangular) Episcleritis, scleritis

Optic nerve SLIDEs

SLIDE (1)	❖ What is this finding? Optic disc edema ❖ Mention 2 differential diagnosis? Papillitis, papilledema
SLIDE (2)	Same answer of SLIDE (1)
SLIDE (3)	❖ What are the causes of optic disc swelling ? Papillitis, papilledema, CRAO, CRVO

SLIDE (4)	If the optic disc swollen is bilateral ❖ What is your diagnosis? Papilledema
SLIDE (5)	❖ Mention the abnormality you see? Optic disc edema ❖ What is the most common cause for this condition? Papilledema
SLIDE (6)	❖ Give two abnormal findings? Optic disc edema, retinal hg ❖ What is the presenting symptom? Decrease of vision
SLIDE (7)	Same answer of SLIDE (1)
SLIDE (8)	❖ Papilloedema means .... Bilateral optic disc edema due to increase of ICP
SLIDE (9)	❖ What are the ocular symptoms of early papilloedema ? Asymptomatic
SLIDE (10)	❖ What are the causes of papilloedema ? 1- Intra-cranial space occupying lesion ::- brain tumor 2-Meningitis ,Encephalitis 3-Pseudotumor cerebri 4-Severe hypertension. 5-Hypersecretion of CSF by choroid plexus tumor
SLIDE (11)	❖ What is the most probable diagnosis in this normal fundus with rapid loss of vision? Retrobulbar neuritis ❖ Mention two associated signs? Decrease of color intensity, defect of red & green color
SLIDE (12)	❖ What is the findings? Glaucomatous cupping ❖ What ocular disease is associated with? Glaucoma (POAG)

SLIDE (22)	❖ What is the visual field defect seen? Rt homonymous superior Quadrantanopia ❖ Where is the lesion? Lt Temporal lobe (Incomplete optic radiation damage)
SLIDE (23)	❖ What is the visual field defect seen? Rt homonymous inferior Quadrantanopia ❖ Where is the lesion? Lt parietal lobe (Incomplete optic radiation damage)

Orbit SLIDEs

SLIDE (1)	❖ What is the name of opening No.1? Superior orbital fissure ❖ Mention the nerve passing through the infraorbital foramen No.4? Infra-orbital.N ❖ What is the nerve & artery that pass in opening No.3? Maxillary branch of 5th C.N & Infra-orbital .a ❖ What structures passing through the superior orbital fissure ? Oculomotor .N, Trochlear .N, Abducent .N, Ophthalmic veins Three branches of ophthalmic branch of 5th C.N (lacrimal, frontal ,Nasociliary)
SLIDE (2)	❖ What is the diagnosis ? Orbital cellulitis ❖ Mention one serous complication that may arise if not treated quickly ? Cavernous sinus thrombosis ❖ Mention two differential diagnoses? Pre-septal cellulitis, Panophthalmitis

SLIDE (3)	❖ Mention two differences between preseptal and orbital cellulitis ? Pre-septal cellulitis::- NO proptosis, NO diplopia, NO limitation of vision orbital cellulitis::- there is proptosis, diplopia, limitation of vision ❖ Which one is more dangerous ? orbital cellulitis
SLIDE (4)	❖ What is the diagnosis? orbital cellulitis ❖ What is the ttt? Admission, Antibiotic (IV), Analgesia, Antipyritic
SLIDE (5)	❖ What is your diagnosis ? orbital cellulitis ❖ Tell the complication of such problem ? Cavernous sinus thrombosis, meningitis, optic neuritis, CRAO, CRVO
SLIDE (6)	❖ What is the most likely diagnosis in this child ? orbital cellulitis ❖ Mention two differential diagnoses? Pre-septal cellulitis, Panophthalmitis
SLIDE (7)	❖ What is the diagnosis? orbital cellulitis ❖ How to investigate the case? CBC, ESR, MRI orbit, CT orbit, Lumber puncture
SLIDE (8)	❖ What do you mean preseptal cellulitis ? Is a suppurative infection of the soft tissue of the eyelids and periocular region anterior to the orbital septum.
SLIDE (9)	❖ What could be the diagnosis? orbital cellulitis ❖ Would you admit such pt to the hospital & why? YES, B/C Ophthalmic emergency
SLIDE (10)	❖ What is your diagnosis? Unilateral proptosis ❖ Mention 2 or more causes? Greave's disease, orbital tumor, retrobulbar hematoma

SLIDE (11)	❖ What is the most common cause of exophthalmos? Greave's disease ❖ Part of the sclera superiorly is clear what you call it? Lid retraction
SLIDE (12)	❖ What is the most common cause of axial unilateral proptosis ? Greave's disease
SLIDE (13)	❖ What you call the lid sign ? Lid retraction
SLIDE (14)	❖ What is the diagnosis? Unilateral proptosis ❖ Mention 2 important investigations? Orbit MRI or CT
SLIDE (15)	❖ What disease can cause this condition? Greave's disease ❖ Mention two vision-threatening complications ? Optic neuropathy, Exposure keratitis
SLIDE (16)	❖ Mention 2 findings? Unilateral Lid retraction, Dilated pupil ❖ What is the possible diagnosis? Greave's disease
SLIDE (17)	❖ Mention two clinical signs ? Lid retraction, scleral show ❖ Enumerate two causes of loss of vision? Optic neuropathy, Exposure keratitis
SLIDE (18)	❖ What is the abnormality seen? Superior limbic keratoconjunctivitis ❖ Which systemic disease is associated with it? Greave's disease
SLIDE (19)	❖ Enumerate the eye lid signs of Dysthyroid eye disease? Lid retraction, Lid lag Staring & frightened appearance, Infrequent blinking

SLIDE (20)	❖ What do you call this condition? Greave's disease ❖ Mention 2 complication? Optic neuropathy, Exposure keratitis
SLIDE (21)	The diagnosis is .... Greave's disease The most important investigation is .... Thyroid function test (TFT)
SLIDE (22)	❖ What are the indications of enucleation ? Intra-ocular tumor, absolute glaucoma, sympathetic Ophthalmia
SLIDE (23)	❖ What is the name of this operation ? Excentration ❖ Mention one indication ? Malignant intra-orbital tumor without metastasis
SLIDE (24)	❖ Mention 2 differential diagnosis? Retinoblastom, Rhabdomyosarcoma ❖ Mention a helpful investigation for such case? CT or MRI orbit
SLIDE (25)	This is a case of endophthalmitis, ❖ What kind of investigation should be done before treatment? CBC, ESR, ORBIT CT, ORBIT MRI, INTRAOCULAR BIOPSY
SLIDE (26)	❖ How to manage a case of endophthalmitis ? **Antibiotic therapy** Topical, Systemic, Subconjunctival &Intravitreal antibiotics **Steroid therapy** Topical, Systemic, Subconjunctival &Intravitreal steroid IF still vision ::- Vitrectomy IF NO VISION ::- Evisceration
SLIDE (27)	❖ What is the most likely diagnosis? Endophthalmitis ❖ Mention two causes? Post-surgical, post traumatic, corneal perforation
SLIDE (28)	❖ What is your diagnosis ? Endophthalmitis ❖ Mention 2 possible causes? Post-surgical, post traumatic, corneal perforation

SLIDE (29)	❖ What is your diagnosis? Endophthalmitis ❖ Mention 3 different causes? Post-surgical, post traumatic, corneal perforation
SLIDE (30)	❖ What is the most important finding? Hypopyon ❖ Mention 2 differential diagnosis? Uveitis, Endophthalmitis
SLIDE (31)	❖ What is your finding? Red eye – corneal edema - hypopyon ❖ Discuss the management briefly? Antibiotic therapy Topical, Systemic, Subconjunctival &Intravitreal antibiotics Steroid therapy Topical, Systemic, Subconjunctival &Intravitreal steroid IF still vision ::- Vitrectomy IF NO VISION ::- Evisceration
SLIDE (32)	❖ What are the most common organisms Causing this complication ? Staphylococcus auras
SLIDE (33)	❖ What is the diagnosis ? Hypopyon corneal ulcer ❖ What is the treatment ? Topical antibiotic, topical Mydriasis & cycloplegic
SLIDE (34)	❖ What is your diagnosis? Hypopyon corneal ulcer ❖ What is the most likely cause? Pnumococcus
SLIDE (35)	• What you call this instrument? Hertel'sexophthalmometer • it is used for .... Measure proptosis
SLIDE (36)	❖ What is your diagnosis? Enophthalmous ❖ Mention 3 causes? Blowout fracture, senile Enophthalmous, orbital cellulitis (Healing)

SLIDE (37)	• What you call this sign? Lid Lag • Which systemic disease associated with this sign? Greav`s disease

Retina SLIDEs

SLIDE (1)	❖ What is the blood supply of the retina ? 5 outer layers ::- from choroid 5 Inner layers ::- from CRA
SLIDE (2)	❖ What is this ? Direct ophthalmoscope ❖ It gives you a magnification of x..... 15X ❖ It is used for......... Fundus examination
SLIDE (3)	❖ What is the difference between the direct and the indirect ophthalmoscope In terms of image magnification ? Direct 15X Indirect 5X
SLIDE (4)	❖ The retinal image using the direct ophthalmoscope is: 1-.................ERECT IMAGE 2-.................15X 3-................. Small Image
SLIDE (5)	❖ What is your diagnosis? Central retinal vein occlusion ❖ Mention one important remote complication? 100 DAY GLAUCOMA
SLIDE (6)	❖ What is the diagnosis ? Ischemic Central retinal vein occlusion ❖ What is 100 day glaucoma? Secondary closed angle glaucoma due to retinal ischemia ❖ What is the ttt ? 1- Control 2- Pan retinal photocoagulation

SLIDE (7)	❖ What is the Diagnosis? Central retinal vein occlusion ❖ Mention 2 underlying causes? DM, HTN
SLIDE (8)	❖ What is the most probable diagnosis? Ischemic Central retinal vein occlusion ❖ Mention one late complication? 100 DAY GLAUCOMA
SLIDE (9)	❖ Describe the funds picture of the Rt. Eye 1- Retinal hg (punctate – flame) 2- Optic disc edema 3- Dilated tortuous vein
SLIDE (10)	❖ Describe what you can see in this picture 1- Retinal hg (punctate – flame) 2- Optic disc edema 3- Dilated tortuous vein ❖ This condition commonly occurs in persons with................. DM , HTN
SLIDE (11)	❖ What is your diagnosis? Central retinal vein occlusion ❖ What is the usual presenting symptom? Sudden painless loss of vision
SLIDE (12)	❖ What is the abnormality in this fundus picture? Retinal detachment ❖ What sort of central vision is expected? Loss central vision
SLIDE (13)	❖ What are the symptoms of RD ? 1)Photopsia 2) Vitreous floaters 3)visual field defect or decrease of visual acuity
SLIDE (14)	❖ What is the diagnosis? Retinal detachment ❖ Mention the types? Primary RD Secondary RD ::- Tractional, Exudative

SLIDE (15)	❖ What is the definition of this disease ? It's separation of the sensory retina from the retinal pigment epithelium by subretinal fluid
SLIDE (16)	❖ What are the types of retinal detachment ? Primary RD Secondary RD ::- Tractional, Exudative
SLIDE (17)	Same answer of SLIDE (14)
SLIDE (18)	❖ What are the pathological changes of diabetic retinopathy ? Microvascular Occlusion Microvascular Leakage
SLIDE (19)	❖ What are the findings ? Dot Blot hg, Hard exudate ❖ What are the stages of such condition? Background DR(Non-proliferative RD) Pre-proliferative DR Proliferative RD Advanced Diabetic RD with Maculopathy ❖ What is the helpful investigation usually done before we decide laser ttt ? Fluorescein angiography
SLIDE (20)	❖ Mention your findings? Dot Blot hg, Hard exudate ❖ What are the stages of diabetic retinopathy? Background DR(Non-proliferative RD) Pre-proliferative DR Proliferative RD Advanced Diabetic RD with Maculopathy
SLIDE (21)	❖ What is the Diagnosis ? Diabetic retinopathy ❖ What is the Treatment ? Control blood sugar, regular fundus examination, PRP
SLIDE (22)	Same answer of slide (20)

SLIDE (23)	❖ In retinoblastoma the child commonly presents with……… Leukocoria, Squint ❖ Mention the treatment options Large tumor ::- Enucleation Moderate tumor ::- Radiotherapy Small tumor ::- photocoagulation
SLIDE (24)	❖ What is your diagnosis ? Retinoblastoma ❖ Mention 3 other differential diagnosis? Coat's disease, PHPV, retinopathy of prematurity
SLIDE (25)	❖ Mention two of the poor prognostic factors of Retinoblastoma ? Choroidal invasion, Optic nerve involvement
SLIDE (26)	❖ What could be the diagnosis? Retinoblastomas ❖ Mention 3 presenting signs for such condition? Leukocoria, Squint, secondary glaucoma
SLIDE (27)	❖ Retinoblastoma is the tumour of the…………….. primitive retinal cell. ❖ What are you going to see in the plain x-ray ? Intra-ocular calcification
SLIDE (28)	❖ What organism cause this ? Toxoplasma gondi
SLIDE (29)	❖ What is the finding ? Focal chorioretinitis with vasculitis ❖ What type of parasite is usually associated with & mention one type of drugs used to treat it ? Toxoplasma gondi Sulfonamide
SLIDE (30)	❖ Ocular toxoplasmosis caused by ……………… Toxoplasma gondi ❖ Briefly what is the treatment ? pyrimethamine, sulfonamide, folinic acid, and steroids.

SLIDE (31)	❖ What is the diagnosis? Retinitis Pigmentosa ❖ Mention 3 clinical signs? Waxy optic disc, narrow blood vessels, bone speculus (Hyperpigmentation)
SLIDE (32)	❖ What are the mode of inheritance of this disease ? AD, AR X-LINKED
SLIDE (33)	❖ What is this ? Retinitis Pigmentosa ❖ The main complaint is ? Night Blindness ❖ What layer of the retina is affected ? Photoreceptor layer
SLIDE (34)	❖ What is the diagnosis? Retinitis Pigmentosa ❖ Mention one diagnostic test? Electroretinography
SLIDE (35)	❖ How should one manage patients withretinitis pigmentosa ? NO effective TTT
SLIDE (36)	In this slide you can see white and black spots ❖ What are they ? Laser marks ❖ Which type ? Argon laser
SLIDE (37)	❖ What is the management done? PRP (Pan-retinal photocoagulation) ❖ What was the indication for it? NVD (Neovascularization at disc)
SLIDE (38)	❖ This patient was in coma, and on awakening he discovered that he is blind !!! Why? Cortical blindness (due to visual cortex damage)

SLIDE (39)	❖ **What is the Diagnosis ?** BRVO ❖ **What is the Treatment ?** Same like CRVO
SLIDE (40)	❖ **What do you call this fundus lesion?** Cheery red spot ❖ **Mention two important causes?** CRAO, Commutio retinae
SLIDE (41)	❖ **What is the Diagnosis ?** Gaint cell arteritis ❖ **What is the Treatment ?** Systemic steroid
SLIDE (42)	❖ **What is the Diagnosis ?** Inverted hypopyon
SLIDE (43)	❖ **What is the retinal lesion seen?** Retinal break ❖ **What was the management done?** Argon laser photocoagulation
SLIDE (44)	❖ **What is your diagnosis?** IOFB ❖ **Why it is important to intervene?** Because near optic disc
SLIDE (45)	❖ **Mention four fundus lesions seen here** Cotton wool spot, hard exudates (Macular star), Optic disc edema, copper wiring ❖ **What systemic disease could be behind this?** Malignant hypertension

Squint SLIDEs

SLIDE (1)	❖ What is the function of medial rectus muscle ? Adduction of globe ❖ What is the nerve supply ? Oculomotor
SLIDE (2)	❖ What is the function of lateral rectus muscle ? Abduction of globe ❖ How far it does insert from the limbus ? 6.9mm
SLIDE (3)	❖ What is your diagnosis ? Paralytic squint in Rt eye due to abducent nerve palsy
SLIDE (4)	❖ What is the affected muscle in this pt? Lateral rectus ❖ What is its nerve supply? Abducent .N
SLIDE (5)	❖ What is the diagnosis? Paralytic squint in Lt eye due to abducent nerve palsy ❖ What is the surgery of choice? Muscle resection::- Lateral rectus Muscle recession::- Medial rectus
SLIDE (6)	❖ What is the diagnosis ? Paralytic squint in Rt eye due to Trochlear nerve palsy
SLIDE (7)	❖ Fourth cranial nerve palsy usually caused by .... Trauma
SLIDE (8)	❖ Which cranial nerve is damaged in this patient ? Oculomotor (3rdC.N)

SLIDE (9)	❖ What is your diagnosis ? 3rd cranial nerve palsy ❖ Mention 2 types of this lesion? Surgical (Complete) & Medical(Partial)
SLIDE (10)	❖ What cranial nerve is involved? Oculomotor(3rd) ❖ What are the possible causes? DM, Tumor, HTN, Trauma
SLIDE (11)	❖ What is your diagnosis ? Paralytic squint in Lt eye due to Oculmotor nerve palsy ❖ What do you mean by pupil sparing ? Parasympathetic NOT involved SO Medical 3rdC.N.palsy
SLIDE (12)	❖ What are the findings in this case? Complete ptosis, eye deviated out, mild proptosis ❖ What is the diagnosis? Paralytic squint in Lt eye due to Oculmotor nerve palsy
SLIDE (13)	❖ Why this patient can not adduct his left eye ? 3rd C.N. palsy ❖ What other sings can be detected ? Complete ptosis, mild proptosis, eye deviated out
SLIDE (14)	❖ What do you mean by surgical third cranial nerve palsy ? Motor fibers & parasympathetic fibers involved
SLIDE (15)	❖ What is the diagnosis ? Full accommodative convergent squint
SLIDE (16)	❖ What type of squint is this? Full accommodative convergent squint ❖ Is surgery needed or not and why? NO, Because no residual angle
SLIDE (17)	Same answer of SLIDE (16)

SLIDE (18)	In early onset esotropia the angle is usually large ❖ The treatment is usually........... Surgical
SLIDE (19)	❖ What is the essential treatment of early onset esotropia ? Surgical
SLIDE (20)	❖ What is wrong with this boy? Lt Manifest divergent squint
SLIDE (21)	❖ What is the diagnosis ? Rt Manifest convergent squint
SLIDE (22)	This patient always fixing with the right eye ❖ what is your diagnosis? Lt Unilateral convergent squint ❖ Discuss briefly the outline of management? TTT refractive error, TTT amblyopia, surgical TTT at 6yrs
SLIDE (23)	❖ If the V/A of both eye of this lady is equal & ocular motility is normal in her both eyes ❖ what is the diagnosis? Alternating Convergent Non paralytic squint ❖ What is the ttt of such case ? Surgical TTT Muscle recession::- Medial rectus Muscle Resection::- Lateral rectus
SLIDE (24)	❖ Look at the three pictures and give the diagnosis? Rt Unilateral manifest squint ❖ What is the surgery of choice? Muscle recession::- Medial rectus(Bilateral) or Muscle Resection::- Lateral rectus(Bilateral)
SLIDE (25)	❖ What is your diagnosis? Alternating convergent squint ❖ What surgery is needed? Bilateral medial rectus recession

SLIDE (26)	❖ What is this test? Cover – uncover test ❖ What is your diagnosis? Lt Convergent concomitant Squint
SLIDE (27)	❖ What is this test? Cover – uncover test ❖ What is your diagnosis? Rt Convergent concomitant Squint
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SLIDE (29)	❖ What is this test? Cover – uncover test ❖ What is your diagnosis? Alternating Convergent concomitant Squint
SLIDE (30)	❖ What is this test? Cover – uncover test ❖ What is your diagnosis? LE Divergent concomitant Squint
SLIDE (31)	❖ What type of squint is this? Full accommodative squint ❖ Is surgery needed or not and why? NO, Full correction by glasses

SLIDE (32)	❖ What type of squint is this? Partial accommodative squint ❖ Is surgery needed or not and why? Yes, Because there is residual angle
SLIDE (33)	❖ IF NO EYE MOVEMENT ON COVER TEST??. - PSEUDOSQUINT. -PARALYTIC SQUINT. -VERY POOR VISION. -ECCENTRIC FIXATION.
SLIDE (34)	❖ What is your diagnosis? Paralytic squint due to Abducent nerve palsy in Rt eye ❖ What systemic disease is probably associated? HTN, DM
SLIDE (35)	❖ What is your diagnosis? Paralytic squint due to Abducent nerve palsy in Lt eye ❖ What systemic disease is probably associated? HTN, DM
SLIDE (36)	❖ What is your diagnosis? Medical 3rd cranial nerve palsy in Lt eye ❖ What systemic disease is probably associated? HTN, DM
SLIDE (37)	❖ What is your diagnosis? Medical 3rd cranial nerve palsy in Lt eye ❖ What systemic disease is probably associated? HTN, DM
SLIDE (38)	❖ What is your diagnosis? Medical 3rd cranial nerve palsy in Rt eye ❖ What systemic disease is probably associated? HTN, DM

SLIDE (39)	❖ What is this test? Maddox rod ❖ Used for ? Used to measure angle of squint, to diagnosis latent squint
SLIDE (40)	❖ What is this test? Prism bar ❖ Used for ? Used to measure angle of squint

Vitreous SLIDEs

SLIDE (1)	❖ What are indications of vitrectomy ? 1- Vitreous hg 2- Vitreous abscess (Endophthalmitis) 3- Vitreous loss in cataract extraction 4- IOFB
SLIDE (2)	❖ What is the diagnosis? Vitreous hemorrhage (Subhyloid hg) ❖ What is the most likely cause? Trauma ❖ What is the treatment? Bed rest, Vitrectomy
SLIDE (3)	❖ What do you call this type of hemorrhage? Vitreous hemorrhage (intra-vitrial hg) ❖ Mention two important causes? Trauma – Proliferative diabetic retinopathy

Syndromes SLIDEs

SLIDE (1)	❖ ALBINISM IS A HEREDITARY CONDITION OF DEFECTIVE DEVELOPMENT OF Tyrosinase enzyme
SLIDE (2)	The child came with nystagmus, the diagnosis is .... Albinism
SLIDE (3)	This is .... Sturge weber syndrome These patient may develop .... Secondary open angle glaucoma
SLIDE (4)	❖ What are the anterior segment eye manifestatios of rheumatoid arthritis ? Keratoconjunctivitis sicca, scleritis, keratitis
SLIDE (5)	ocular manifestations ? Dry eye Tests to be done on the eye? Schirmer test
SLIDE (6)	❖ X ray of .... Sacroiliac joint ❖ Changes are ..... osteoporosis , sclerosis of bone ❖ Diagnostic of ..... Ankylosing *spondylitis* ❖ Eye manifestations ... Acute anterior uveitis ❖ ? Age .... Middle age (30 -40) ❖ ? Sex .... More common in male

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